

## Editorials and Association Notes

### Manitoba Medical Review

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### Social Security

The following submission is from Minutes of Proceedings and Evidence before the Special Committee on Social Security in Ottawa on Friday, June 4th, 1943.

Perhaps an undue amount of space is devoted in the Review to the Chiropractors, but their argument is similar to Osteopaths, Medical Liberty League, etc., perhaps more militant than other cults.

#### The Position of Chiropractic in Canada To-day as an Established and Recognized Health Profession

The Dominion Council of Canadian Chiropractors is composed of the elected representatives of the chiropractic associations of the provinces of Canada. Chiropractic is recognized by law in four provinces, namely, Ontario, Saskatchewan, Alberta, and British Columbia. Chiropractors in these provinces number 571 of a total of 668 in all Canada. Bear in mind that in the maritime provinces there are only fifteen practising chiropractors.

*By Mr. McCann:*

Q. Have they any legal status in those provinces?

—A. No, they have not as yet.

Q. In what provinces have they no legal status?—

A. The three maritime provinces, Quebec, and Manitoba.

Q. That is five out of nine where they are not recognized at all?—A. That is correct, but as I say in three of those provinces they have only fifteen chiropractors. Chiropractors in these provinces number 571 of a total of 668 in all Canada, or over five-sixths of the total. The legislatures of those provinces after the most careful scrutiny and after thorough examination by royal commissions, etc., passed Acts setting up the profession of chiropractic on the same basis as medicine in the treatment of the human body. Chiropractic boards control discipline of their members, admission of candidates, fees, and generally have complete supervision over the profession.

By provinces, the chiropractors actually practising at this moment in Canada number as follows:—

British Columbia .....	72
Alberta .....	39
Saskatchewan .....	43
Manitoba .....	47
Ontario .....	417
Quebec .....	35
Maritime Provinces .....	15
Total .....	668

This does not include 10 per cent to 15 per cent of this number now on active service.

*By Mr. McCann:*

Q. May I ask a question here, on active service in what capacity?—A. In the capacity of shouldering muskets. They are in active combatant service.

Q. The inference was that they are on active service as chiropractors?—A. I do not think that is the right inference because I think perhaps it is well known that we have attempted to have chiropractors in their proper place in the army but so far we have not yet been successful.

It is worthy of note that Dr. Routley, general secretary of the Canadian Medical Association, giving evidence before this committee on April 6, 1943, (Proceedings page 134) said that there are registered in Canada approximately 10,600 doctors. In other words, there is one chiropractor in Canada to every fifteen medical men. In the United States there is one in ten in normal times, one chiropractor to every ten medical doctors across the whole breadth of the country. In some states it is down as low as one to three. I think that is California.

It may also be noted that wartime conditions have depleted Canada of a great number of medical doctors so that the ratio is now considerably changed. It has been stated that there are now only 7,000 doctors practising in Canada. I noticed in the press the other

day that the Hon. Colonel Ralston pointed out that there were some 3,115 medical doctors in the army in the medical corps.

This means there is one chiropractor to approximately every ten medical men, yet this bill as it stands gives to the medical profession the complete control over the health of all the people of Canada and gives no recognition whatsoever to the chiropractor.

The Encyclopaedia Britannica, 1943 edition, tells us that there are now some 18,000 chiropractors in the United States and Canada and that in the United States legal recognition is given in 42 of the 48 States, the District of Columbia, Alaska and Hawaii. There are now 44 States and one more is considering chiropractic legislation. Chiropractic is practised in practically every country in the world and has had a stupendous growth. The Russian army commissions chiropractors and I have been told by a prominent Russian that he has in his possession Russian newspapers extolling the wonderful services performed by chiropractors in the Russian army in this war, including services as chiropractors in advanced dressing stations right on the field of battle.

We take the position, therefore, that chiropractic is a recognized and legalized profession of healing and as such it should be entitled to the same recognition as orthodox medicine and its benefits extended to the public under health insurance. It is not necessary to consider its relative merits or demerits as opposed to medicine. Each practises in its own field. It is no more competent for a medical doctor to pass his opinion on chiropractic than it is for a chiropractor to pass his opinion on medicine.

#### **The Public Depends on Chiropractic**

The workmen's compensation acts of three provinces; namely, Ontario, Alberta and British Columbia recognize chiropractic and provide that injured workmen may avail themselves of the services of chiropractors, the compensation board paying the cost. In 1941 the honourable Mr. Justice Sloan of the Court of Appeal of British Columbia, as a royal commissioner, conducted an inquiry into the operation of the British Columbia Compensation Act. After months of evidence he recommended that the Act be extended to provide for the services of chiropractors. Organized labour throughout the whole province of British Columbia presented a unanimous brief before him making this request and urging that chiropractic be placed on the same basis as medicine, the workmen to be given the privilege of choosing to whom they wished to go. Representations were made by labour and even industrialists and employers throughout the whole province testifying that labour hours would be saved by chiropractic inclusion due to decreased period of disability and lower cost of treatment and the vast

logging, mining and agricultural industries of British Columbia would be thereby benefited.

Mr. Justice Sloan in his report stated that it had been substantially proven in evidence before him that some 1,300 injured workmen yearly under the Workmen's Compensation Act attended chiropractors and paid for their services out of their own pockets even though medical services were provided free. To remedy this, the British Columbia Act was then amended to provide for payment for chiropractic treatments.

During the past several months the dominion council has conducted a survey, and from the results obtained it was found that there are at least 13,000 treatments given daily by chiropractors in Canada. We have found that at least 200,000 persons, including many thousands in the armed services, took chiropractic treatments in the past year. In the last ten years, allowing for the number of patients repeating, etc., we believe that based on our surveys, we are absolutely accurate in saying that at least two million persons in Canada availed themselves of chiropractic treatments and of this number, a large percentage depend solely on chiropractic for their health needs.

In other words, it is proposed in this Health Insurance Act to force two million people in Canada to pay annual contributions to this medical fund a minimum of \$26 and a maximum of \$78 per year, be they of moderate means or great wealth, and at the same time deny them the right to go to a chiropractor unless they pay for this service out of their own pockets. Since it is proposed to cover the whole population, every citizen in Canada will be required to pay to this fund even though they may not wish to avail themselves of the medical and other services provided. The chiropractic profession is not selfish in asking that the contributors of health insurance be entitled to choose their services. We simply point out that we are guardians of the health of the people to the extent of some two million out of eleven million and that to this extent the democratic principle of the law of freedom of choice of health practitioner will be denied. If contributions were voluntary we could have nothing to say, but if the act is carried through as drafted, without a vote on the subject, without consent, and, we suggest, in the case of at least two million people, directly contrary to their wishes, they will be regimented into contributing to a fund under the national health scheme which recognizes only orthodox medical benefits (which they do not wish) and ignores all others.

The question might be asked as to what kind of people entrust their health problems to the hands of chiropractors: John D. Rockefeller, Sr., the richest man in the world, patron saint of the medical profession, with every means at hand to secure unparalleled medical talent, had a chiropractor in regular attendance during the last 25 to 30 years of his life and he lived, as you will remember, to almost 100; the present King George VI of England and his brother the Duke of Windsor, depend upon chiropractors for injuries received in golf and horseback accidents; the Yankee baseball team never won a world series until they took on chiropractic trainers in 1919.

Some Hon. Members: Hear, hear.

The Witness: In Canada, chiropractors have numbered among their patients members of the dominion cabinet, premiers and cabinet ministers from the provinces, chief justices and other distinguished jurists, university professors, bishops and other clergymen, generals and other high officers in the armed services and many others prominent in the political and commercial life of Canada; and I venture to suggest members of the House of Commons of Canada and perhaps even members of this committee, although perhaps not all.

A word might be said in regard to the armed services. The same proportion of chiropractic patients exists in the army, navy and air force as in civilian life. It has been the policy of chiropractors not to charge a fee to soldiers. Many soldiers do not receive as large an income as they did in civilian life and are now not only unable to receive chiropractic treatments since soldier chiropractors may not practice in the army, but they are unable financially to afford chiropractic services for their families. They themselves can receive free medical attention in the army, but instead they flock in large numbers to chiropractors.

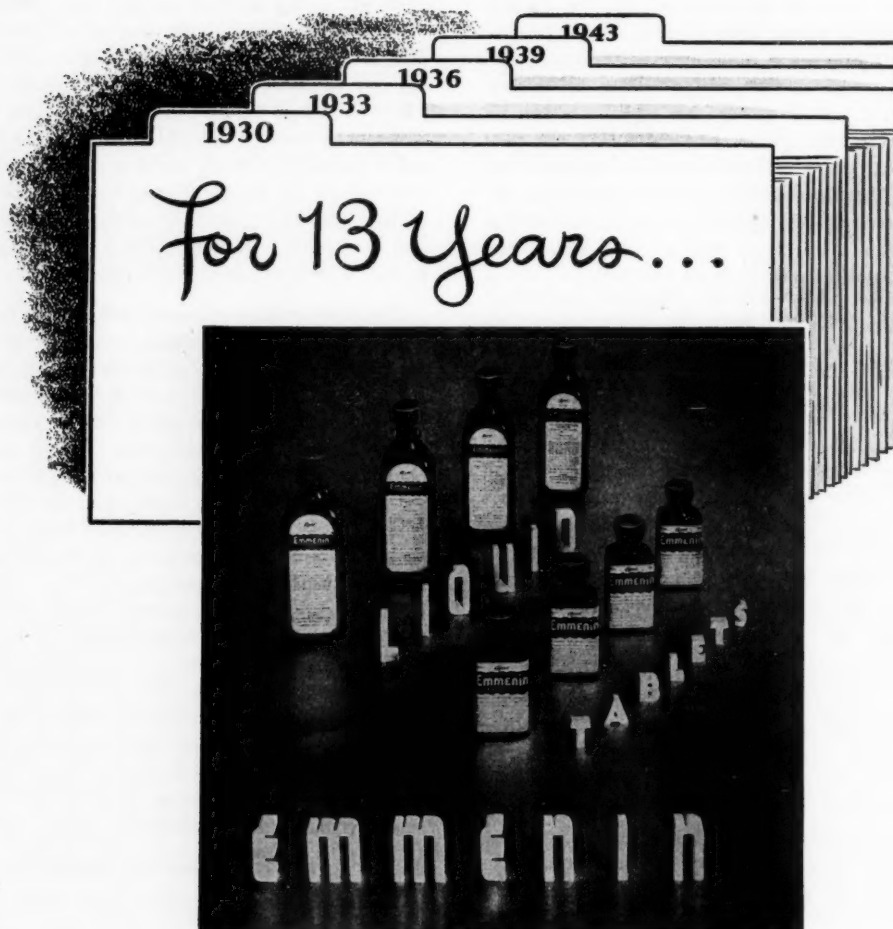
It might also be noted that during the depression a large proportion of our citizens were on relief and while medical doctors received lower fees, they nevertheless were paid for services to these indigents. Chiropractors performed valiant services during those years administering to the indigent sick and received absolutely no recognition from the government and no relief contributions. While it is not our policy at this time to consider the act from standpoints other than our own position, nevertheless, we cannot refrain from commenting on the statement of the honourable Minister of Pensions and National Health in his presentation to the committee, March 16, 1943 (Proceedings, page 22), where he says, "The cost of illness in Canada is known. A special study was made by the Bureau of Statistics in 1935 and the figure was \$240,500,000." This was a depression year and chiropractors treated the indigent sick without remuneration and reduced their fees to others. Medical doctors

received lower fees. Thousands of people in Canada who wished to pay their way and would not accept relief got along without medical care. How can we then say that this was the cost of sickness in 1935. This was only the cost of what people could afford to pay for sickness in 1935. Under health insurance where the bill is paid we venture to suggest that there will not be enough medical and other health personnel in Canada for many years to come to take care of the immediate need. There will not be one-half enough hospitals to provide for those who will request and be entitled to hospitalization. Therefore, the greater will be the need for chiropractors.

I wish to make a statement which was not possible when this brief was prepared and that is that I am instructed by the dominion council to say that we are submitting, and will submit here, a plan that hospitals be provided for chiropractors. At the present time, as you know, hospitals are overcrowded and it is not possible for chiropractic patients to receive these services in these hospitals. And now, chiropractic I say is here to stay and chiropractic must be recognized and reckoned with in future plans on health in Canada, and we suggest this: we propose that a hospital be built for drugless practitioners and we are quite content that they have medical men on the staff; and we are quite content to see how we can work with medical practitioners; and if at the end of some time it is found to be satisfactory then we think we will have proof that we are right, that we are not offering obstacles, and that can be done. Now, I am asking Dr. Sturdy a little later on, after I have finished, to amplify that and explain to you exactly our position.

#### Public Demand for Chiropractic

We are confident in our accuracy when we say that at least 40 per cent of the people of Canada are demanding the right to choose their own health practitioner. Much publicity was given to the statement that under this plan the citizens could choose their own doctor. A tremendous number of people believe this to mean that they may select a chiropractor. We have been daily flooded with inquiries in reference to this position and as yet we have to tell them that this is not the case. No such right is, up to the present, contemplated. In the short time that has elapsed since this committee commenced its deliberations, a petition has been allowed to circulate among the people of Canada. That petition, members of this committee, was not urged, it was left in offices and that sort of thing, but there was no active campaign. Here are the petitions. I have them right here and I will leave them right here. They are signed by 55,993 voters and tax payers of Canada with their addresses. Since this brief was signed on Monday another 578 names came in.



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### Chiropractic Success in the Treatment of Disease

The most competent judges of the value of chiropractic are those who have received chiropractic services and regained health. The affidavits and statements of thousands of people who have recovered their health through chiropractic can be produced before this committee. Chiropractors have literally made the blind to see, the deaf to hear and the lame to walk. In a survey conducted by Burton Shields, publisher of Indianapolis, Indiana, it was revealed that of 93,039 cases handled the results obtained from the reports of 412 practitioners who had kept accurate records, 79,222 or 85.15 per cent recovered or were greatly improved solely through chiropractic services. Ninety-one of the commonest diseases of man were included in these cases. In some instances 100 per cent recovery was made and in considering this record it should also be borne in mind that not only do chiropractors treat acute cases but a great many cases are chronic and although they may have been accurately diagnosed by medical practitioners they have resisted the traditional forms of treatment of orthodox medicine previously applied to them. In other words, where the medical treatment has failed these are the results obtained by chiropractors. Figures taken from the same authorities based on the influenza epidemic in 1918-1919 showed that medical doctors had one death in every 16 they had treated while chiropractors lost only one case out of 886. Comparisons made in May, 1936, revealed that in 658 cases of pneumonia medical doctors had 200 deaths or 30.4 per cent while 364 chiropractic cases saved 332, a loss of only 8.8 per cent. In insanity cases, chiropractors have had wonderful success. Results obtained on the mentally deranged have been prepared by the Jamestown State Insane Asylum, North Dakota, which is under medical supervision and the Forest Park Chiropractic Sanitarium of Davenport, Iowa. The medical asylum had only 27.8 per cent cures or satisfactory discharges while the chiropractic sanitarium had 65 per cent and this 65 per cent was obtained in cases mostly classed as incurable in insane asylums under medical care and were turned over to chiropractic years after their constitution was run down by prolonged mental disability. Many more cases could be cited but let us consider for a moment just one more. Practically every year there is a poliomyelitis scare; that dreadful disease that strikes terror into the hearts of all mothers when they hear the name. Medical doctors have absolutely failed to effect a cure of this disease. The "Science Sidelights" edited by Julius Dintenfass, B.S.C., D.C., of Brooklyn, New York, conducted in January, 1938, a survey of some 1,511 cases which showed the results obtained under chiropractic in acute infantile paralysis cases showed 71.5 per cent recovery and 20.8 per cent marked improvement, and in chronic cases 28.9

per cent recovery and 51.1 per cent marked improvement. Our medical friends say nothing can be done for infantile paralysis; we say that if chiropractic had every case of this kind in its first year, we could show complete recovery or at least a tremendous improvement.

So successful has chiropractic been in the treatment of these types of cases, as well as all accident cases, that over 200 health and accident insurance companies in the United States and Canada recognize the value of chiropractic and pay for services to their insured. Most fraternal organizations and many employees benefit associations, one of which is the British Columbia Electric Railway Office Employees' Association of Vancouver, B.C., pay for chiropractic services for their members.

### Treatment of Japanese

The following is published for the information of Medical Practitioners in Manitoba:

All Japanese have been instructed, that in the event of any of them needing medical attention, they will report to the nearest physician, and that the fee for the initial consultation shall be paid by the Japanese concerned.

If, on examination, the physician finds further treatment is necessary, he will ask the patient if he is prepared to pay himself.

- (1) If the patient states that he will pay his own bills, the physician can carry on treatment, and the B.C. Security Commission will not be responsible for any bills.
- (2) If the patient says he cannot pay, the physician will contact the representative of the B.C. Security Commission in Winnipeg, state his diagnosis, and ask if the Commission will authorize the treatment and be responsible for the bills.

If the Commission representative is of the opinion that the Commission is responsible, he will notify the physician accordingly, and authorize him to carry out the necessary treatment and submit his account to the Commission representative in Winnipeg, Mr. F. Ernst, 749 Somerset Building, in accordance with a schedule of fees which will be sent to him.

- (3) Cases of emergency will be treated immediately, whether the patient can pay or not, and the physician will notify the Winnipeg office as soon as possible.

LENNOX ARTHUR, M.D. (Colonel).  
Medical Supervisor,  
B.C. SECURITY COMMISSION

**Second Annual Meeting**  
**Manitoba Health Officers' Association**  
**Royal Alexandra Hotel, Winnipeg**  
**Monday, September 20th**

**Morning**

**12.00 Registration of Attending Health Officers.**

**12.30 Luncheon.** Place of Luncheon to be announced.

The Hon. J. O. McLenaghan, Minister of Health and Public Welfare, Province of Manitoba, will deliver an address.

All Health Officers will be guests of the Department of Health.

Chairman — Dr. Geo. Clingan.

**Afternoon**

**2.00 Quarantine Regulations for Measles, Scarlet Fever, Pertussis and Diphtheria.**

Dr. Martin, Neepawa.

Discussion opened by Dr. E. S. Bolton, Brandon.

**2.40 School Sanitation.**

Dr. C. E. Mather, of The Department of Health. Discussion opened by Dr. M. S. Loughheed, Winnipeg.

**3.15 Annual Meeting and Election of Officers.**

**4.00 Presidential Address.**

Dr. George Clingan, Virden.

## Book Review

Now that newspaper publicity has made syphilis a respectable topic, the public will not be slow to show its interest. With their consciences newly awakened, the people will belatedly demand of their doctors a wide and comprehensive knowledge of all the manifestations of the disease.

Such knowledge, however, is not generally possessed and, in the past, could be attained only from large and expensive books which were, in general use, too exhaustive. Recently, however, Lippincott's have published a compact little volume, called "The Essentials of Syphilology," which supplies a maximum of information at a minimum of cost. The book is based on the teaching and practice of the Syphilis Clinic of Vanderbilt University, and the author is the director of that clinic, R. H. Kampmeier.

All aspects of the subject are adequately dealt with. The characteristics, recognition and treatment of the disease in the various stages and many forms are set forth clearly and simply. There are chapters on cardiovascular and neurosyphilis, and on the behavior of the disease in other systems. Other pages are devoted to syphilis and marriage, syphilis and pregnancy, and so on. There is an absence of that detail which so often confuses, rather than enlightens the reader.

The purpose of the book is to make the practitioner syphilis-conscious and as a result make him more careful in his search of the disease. The reader is remind-

ed that the Wasserman Reaction is not infallible and is only part of the examination. Many luetids have negative serological findings in spite of clinical signs. Often these signs are inconspicuous and must be sought for to uncover them, but such a search is always worth while and may avert disaster. Kampmeier tells you how to make the search, how to assess the findings and what to do to set things right. The text is illustrated with many pictures and with a large number of case reports. It is a book which every practitioner should have, not on his shelves, but on his desk.

(Essentials of Syphilology; R. H. Kampmeier; J. B. Lippincott Co., 500 pages.)

## Obituary

### Dr. Magnus B. Halldorson

Dr. Magnus B. Halldorson of Winnipeg died July 6, at the home of his daughter in New York.

Born in Iceland, he came at an early age with his parents who settled first in North Dakota and later came to Winnipeg. He studied medicine here, graduating in 1898. He practised at Bottineau, Hensel and Souris, N.D.—returning to Winnipeg in 1917. Although a general physician, he was especially interested in disease of the chest and was a life member of the American Tuberculosis Association. He is survived by two daughters, and a son in the American Navy.

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Old Tuberculin is prepared by the Connaught Laboratories from a human strain of tubercle bacillus grown on a protein-free synthetic medium. A control test is unnecessary, since it has been demonstrated that the synthetic medium itself does not elicit a reaction in the skin.

The Old Tuberculin prepared in these Laboratories is standardized by intracutaneous testing in sensitized guinea-pigs against the International Old Tuberculin Standard adopted by the Health Organization of the League of Nations.

### THE MANTOUX TEST

The intracutaneous (Mantoux) test is the most delicate of the skin tests for tuberculosis and is recommended, using as an *initial* injection a dose of 0.01 mg. of Old Tuberculin.

For those who fail to react to the initial injection of 0.01 mg., the injection of 1.0 mg. is recommended. An individual who fails to react to the injection of 1.0 mg. may be considered tuberculin-negative.

Old Tuberculin is supplied by the Connaught Laboratories in 1 cc. rubber-stoppered vials in the following forms:

#### OLD TUBERCULIN (1:10,000)

For intracutaneous (Mantoux) tests, using as an initial test an injection of 0.01 mg. in 0.1 cc.

#### OLD TUBERCULIN (1:100)

For testing only of persons who fail to react to a previous injection of 0.01 mg.

#### CONCENTRATED OLD TUBERCULIN (1000 mg. per cc.)

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## Department of Health and Public Welfare

### Comparisons Communicable Diseases—Manitoba

DISEASES	(Whites Only)		1942		TOTALS	
	1943					
	May 23 to June 19	April 25 to May 22	May 21 to June 17	April 23 to May 20	Jan. 1 to Jun. 19, '43	Jan. 1 to June 17, '42
Anterior Poliomyelitis.....	8	1	9	8	12	19
Chickenpox.....	165	142	146	130	987	1330
Diphtheria.....	13	29	20	17	148	104
Diphtheria Carriers.....	4	2	1	1	15	6
Dysentery—Amoebic.....	2	.....	.....	.....	4	.....
Dysentery—Bacillary.....	.....	2	.....	1	5	5
Erysipelas.....	8	7	7	6	37	49
Encephalitis.....	.....	1	4	.....	2	6
Influenza.....	22	36	3	5	340	174
Measles.....	411	436	524	627	1833	4038
Measles—German.....	59	53	34	26	140	252
Meningococcal Meningitis.....	2	1	4	1	20	16
Mumps.....	304	402	233	368	2801	2489
Ophthalmia Neonatorum.....	.....	.....	.....	.....	.....	1
Pneumonia—Lobar.....	3	8	10	13	94	75
Puerperal Fever.....	.....	.....	.....	.....	1	.....
Scarlet Fever.....	183	177	143	128	801	940
Septic Sore Throat.....	4	1	2	2	24	55
Smallpox.....	.....	.....	.....	.....	.....	.....
Tetanus.....	.....	.....	.....	.....	.....	1
Trachoma.....	.....	.....	1	2	2	4
Tuberculosis.....	44	64	39	51	305	223
Typhoid Fever.....	4	4	1	.....	17	7
Typhoid Paratyphoid.....	.....	.....	1	1	.....	1
Typhoid Carriers.....	.....	.....	.....	.....	.....	1
Undulant Fever.....	.....	.....	1	1	2	5
Whooping Cough.....	145	290	27	12	1271	121
Gonorrhoea.....	130	156	94	96	938	558
Syphilis.....	51	46	55	71	263	359
Meningococcal Meningitis Carriers.....	.....	.....	.....	.....	6	.....

Little change has taken place in the incidence of the common communicable diseases in Manitoba during the past month.

DIPHTHERIA shows a reduction of over 50% from the previous month but still remains high in comparison to our contiguous Provinces and States.

TYPHOID FEVER is more than twice as prevalent this year than it was up to the corresponding date in 1942.

ANTERIOR POLIOMYELITIS—Three cases this past month heralds the approach of the season when this disease usually reaches its peak incidence. Since the success of the Kenny treatment of the paralytic cases depends on its early instigation, we should be particularly alert in our diagnosis of this disease for the next two or three months. It is to be hoped that our cases will be few in number.

INFANTILE DIARRHOEA—The epidemic of this condition seems to be subsiding—only seven cases having been reported since last month.

#### DEATHS FROM COMMUNICABLE DISEASE

May, 1943

URBAN—Cancer 45, Tuberculosis 12, Pneumonia Lobar 4, Pneumonia (other forms) 4, Influenza 3, Whooping Cough 3, Hodgkin's Disease 2, Measles 1, Septicemia 1. Other deaths under 1 year 42. Other deaths over 1 year 210. Stillbirths 9. Total 336.

RURAL—Cancer 31, Pneumonia (other forms) 11, Tuberculosis 9, Pneumonia Lobar 3, Influenza 2, Measles 2, Syphilis 2, Whooping Cough 2, Lethargic Encephalitis 1. Other deaths under 1 year 27. Other deaths over 1 year 138. Stillbirths 14. Total 242.

INDIANS—Tuberculosis 11, Pneumonia (other forms) 6, Influenza 4, Pneumonia Lobar 1, Poliomyelitis 1, Syphilis 1, Mumps 1. Other deaths under 1 year 4. Other deaths over 1 year 4. Total 33.

#### DISEASE

	Manitoba May 23-June 19 *737,935	Ontario May 23-June 19 *3,624,734	Saskatchewan May 23-June 19 *906,974	Minnesota May 23-June 19 *2,792,300	North Dakota May 23-June 19 *641,935
Anterior Poliomyelitis.....	3	1	.....	.....	.....
Meningococcal Meningitis.....	2	16	3	10	2
Chickenpox.....	165	1372	106	388	.....
Diphtheria.....	13	3	2	6	2
Erysipelas.....	8	2	1	3	.....
Influenza.....	22	119	11	2	45
Encephalitis.....	.....	1	.....	.....	1
Measles.....	411	6958	432	1785	127
German Measles.....	59	653	42	.....	67
Mumps.....	304	2344	132	.....	48
Ophthalmia Neonatorum.....	.....	5	.....	.....	3
Leprosy.....	.....	.....	.....	1	.....
Puerperal Fever.....	.....	1	.....	.....	.....
Scarlet Fever.....	183	710	169	136	7
Septic Sore Throat.....	4	2	7	.....	1
Smallpox.....	.....	.....	.....	.....	2
Trachoma.....	.....	.....	.....	.....	1
Tuberculosis.....	44	213	54	13	25
Typhoid Fever.....	4	4	.....	.....	.....
Typhoid Para Typhoid.....	.....	7	.....	.....	.....
Undulant Fever.....	.....	9	.....	.....	1
Whooping Cough.....	145	658	64	306	15
Dysentery—Amoebic.....	2	.....	.....	11	.....
Dysentery—Bacillary.....	.....	.....	.....	1	.....
Diphtheria Carriers.....	4	.....	1	.....	.....
Tularemia.....	.....	.....	.....	1	2
Gonorrhoea.....	130	463	.....	.....	27
Syphilis.....	51	589	.....	.....	25

\* Approximate Populations



## Government Requirements for Sewage Works Projects

Abridgment of a paper delivered by Mr. John Foggie, Chief Sanitary Inspector, Department of Health and Public Welfare, to the Water and Sewage School under the auspices of the Minnesota Section of the American Water Works Association, held in Winnipeg—July, 1943.

"Governmental Requirements for Water Works Projects"—another paper delivered by Mr. Foggie and referred to in the following abridgment will be published in the next issue of the *Review*.

Requirements for sewage works projects provided under "The Public Health Act" are, in large part, quite similar to these respecting Water Works requiring the submission of plans, reports, specifications, approval of the scheme, and final permission to proceed with the construction; proper control and satisfactory operation under qualified superintendents or operators. These sections of the regulations, mentioned in a previous talk, need not be repeated at this time, but, as we are now dealing with the original water, plus all of the waste material from man and his environment, certain other requirements are essential. The following additional requirements are set forth:

No common sewer, or system of sewerage, shall be established or continued unless there is maintained in connection therewith a system of sewage treatment and disposal, sufficient to remove all menace to the public health, or nuisance, and the Minister may call for, and any council, person, or body corporate shall furnish, as soon as may be, such information and data in relation to such matters under their control as may be deemed necessary.

Sewage treatment plants shall be so designed, constructed, equipped and operated, as to produce an effluent of sufficient stability or purity as to cause no nuisance or offence during periods of minimum or dry weather flow of the river or other water course, into which the effluent is discharged.

There is also the power to authorize the construction, alteration or extension of common sewers, or systems of sewerage, sewage treatment and disposal works by any municipality in or through any other municipality, and may permit such other municipality to use such works or any of them upon such terms and conditions as to payment and otherwise, as the Minister may fix and determine.

He may direct one or more municipalities to join in the construction of joint works for the purpose aforesaid, and may apportion the cost of construction, maintenance and extension thereof, and may make such orders for the management, maintenance, operation or otherwise of such works as maintenance and operation thereof—subject to written agreement after consideration of all matters.

In regard to the prohibition of the discharge of raw sewage, the following appears:

Any municipality or body corporate discharging raw or untreated sewage into any water course when these regulations come into effect shall make adequate provisions for the installation of sewage treatment works and treat all sewage before disposal to the satisfaction of the Minister.

It is hardly necessary to mention that the provisions of this section have been long contravened.

In direct relation to sewerage systems and treatment works we have the following clauses which are minor, but important:

Compulsory installation of plumbing in all premises where sewer and water services are provided and connection to these services;

for there is little use installing modern facilities if only fifty per cent of the building owners take advantage of them, while their neighbors continue to use the original and more primitive means of sewage disposal to their own detriment and that of their neighbors. Our experience shows that municipalities and country towns have many buildings without plumbing, water or sewer connections many years after sewer and water services have been laid.

Then, there is the prohibition against the discharge of oil, gasoline, or other deleterious substance or material into sewers, and also the reminder that storm sewers are to be used only for roof and surface water.

Powers to control nuisance caused by sewage treatment plants, prevalence of filter flies and offensive conditions created in rivers, are extensive, and come under the heading of "Nuisances and their Abatement."

In addition to these brief requirements, there is also legislation, namely, An Act respecting the disposal of Sewage and Waste—to establish a Control Commission and to provide for the Incorporation of Sanitary Districts and their powers—The Pollution of Water Act—under the jurisdiction of the Provincial Sanitary Control Commission. There are extensive powers under this Act for the general control of practically all matters pertaining to sewerage and sewage treatment and disposal, the conducting of inquiries and investigations, and the granting of licenses to discharge sewage or any waste into any body of water.

Time does not permit the mention of the various functions in detail, but, with the whole of the existing legislation, there appears to be ample provision for control. Again, as in the case of water supplies, there must be applied all of the principles relative to satisfactory sewage treatment, construction and control of sewage treatment work.

Of the thirteen sewerage and water works systems in use, seven are without any form of sewage treatment, which means raw sewage and wastes from a population of more than 54,000 persons, if we were

to include the various institutional buildings, is discharged into water courses at various locations.

The development and construction of sewage treatment works is an extremely slow process, and it is probably quite natural for the majority of the public to be quite uninterested in the matter, until scum, sleek, odors and so on, remind them forcibly that the nearby river has had enough. Not until then is there any real interest, and then only by residents who own property adjoining river banks, or live in close proximity. Many factors must be considered in the development of proper sewage treatment—the quantities of domestic sewage and industrial wastes, the latter often requiring ten to twenty times the treatment or process necessary for domestic sewage alone.

Then, there is the water course into which an effluent may be discharged and its ability to cope with the load without suffering detrimentally, or to a point of complete degradation. The use or uses to which the waters may be put, downstream, must receive careful consideration.

These are factors which the general public have little or no knowledge of, and consequently, it may be that educational effort and enlightenment is necessary first to carry forward sewage treatment plans. Rivers, lakes and other surface supplies are our natural resources, and it is time that our yardsticks—proper sanitary surveys of rivers—were brought into greater use in estimating and deciding temporarily and

for definite periods of time at least, what conditions our rivers should be in, depending upon the uses to which the water courses are put. It is not a very easy matter to decide what treatment may be necessary, or to satisfy all interests. Treatment to a high state of perfection or purity, where it is not absolutely essential, is a costly and wasteful procedure. An abundance of diluting water is a great asset where treatment works are to be built. From what has been accomplished in the last year or two in the construction of sewage treatment plants at air training fields, it should not be a very difficult matter to provide similar works, with modification where necessary, for the smaller rural town, close to a suitable river. Where water courses are remote or at some considerable distance, then there are special difficulties arising, involving the quality of effluent and means for final, satisfactory disposal.

In conclusion, I cannot refrain from quoting from a paper by a prominent sewage works manager in Great Britain who, in dealing with some factors affecting the design of sewage disposal works, states—"Through the haze of contradictory interests, the sewage works designer tries to find the ideal scheme for each particular case. Local residents, fisheries and angling clubs, ratepayers, the law of the land, riparian owners—these are a few of the interests he has to reconcile. Small wonder, then, that he sometimes envies Noah, who had infinite dilution and no alternative."

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